

<b>FIREARMS REGISTRATION</b>
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**PRIVACY ACT STATEMENT**

**PRINCIPAL PURPOSE:** To report, compile, information on an individual who registers and stores his or her privately-owned firearm on an Air Force

**PRINCIPAL PURPOSE:** To record personal information on an individual who registers and stores his or her privately-owned firearm on an Air Force installation or facility. To maintain accountability of firearms, record when firearms are removed and returned to the facility, and determine the numbers and location of privately-owned firearms on an installation.

**ROUTINE USES:** Information may be disclosed to local, county, state and federal law enforcement/investigative authorities for investigation purposes. SSN used for identification and retrieving from files.

**DISCLOSURE IS VOLUNTARY:** Failure to disclose the information to include SSN will result in the individual not being able to register or store firearms on the installation. Attempt to keep the the firearms on base that are not properly registered and stored could result in confiscation of the firearms, disciplinary action, or both.

NAME (Last First, MI)				GRADE	SSN	ORGANIZATION	
FIRE- ARM NO.	TYPE (Rifle, Shotgun, etc.)	MAKE (Manufacturer)	CALIBER OR GAUGE	SERIAL NUMBER	RECEIPT FOR FIREARMS NOT RETAINED BY OWNER		
					DATE RECEIVED		SIGNATURE OF SUPPLY CLERK
1							
2							
3							
4							
5							
TO: COMMANDER,				AFB	ATTN:		DATE

THE ABOVE NAMED INDIVIDUAL IS AUTHORIZED TO (Check appropriate box.)

- |                          |                                     |                      |
|--------------------------|-------------------------------------|----------------------|
| <input type="checkbox"/> | RETAIN POSSESSION OF ABOVE FIREARMS |                      |
| <input type="checkbox"/> | STORE FIREARMS IN                   | AND WITHDRAW SAME.   |
| <input type="checkbox"/> | TEMPORARILY STORE IN                | PENDING DISPOSITION. |

TYPED NAME AND SIGNATURE OF UNIT COMMANDER	I HAVE READ AND WILL COMPLY WITH AFI 31-101 AND SUPPLEMENTS THERETO.
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**I HAVE READ AND WILL COMPLY WITH AFI 31-101 AND SUPPLEMENTS THERETO.**

SIGNATURE OWNER \_\_\_\_\_

RECORD OF TEMPORARY WITHDRAWALS BY OWNER AND RETURN TO STORAGE					
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[illegible]